

IL-136-11

RS-8303-01

IL D063240758
EPA IDENTIFICATION NUMBERRCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form 2 - Generator InspectionI. General Information:(A) Installation Name: JOHN DEERE HARVESTER WORKS(B) Street: 1100 13TH AVENUE(C) City: EAST MOLINE (D) State: IL (E) Zip Code: 61244(F) Phone: 309/752-6272 (G) County: ROCK ISLAND(H) Operator: JOHN DEERE HARVESTER WORKS(I) Street: 1100 13TH AVENUE(J) City: EAST MOLINE (K) State: IL (L) Zip Code: 61244(M) Phone: 309/752-6272 (N) County: ROCK ISLAND(O) Owner: DEERE & COMPANY(P) Street: JOHN DEERE ROAD(Q) City: MOLINE (R) State: IL (S) Zip Code: 61265(T) Phone: 309/752-8000 (U) County: ROCK ISLAND☐ Federal ☐ Municipal ☒ Private(V) Type of Ownership: ☐ State ☐ County(W) Date of Inspection: 3/6/81 Time of Inspection (From) 8:30 AM (To) 11:00 AM(X) Weather Conditions: GROUND CONDITIONS SLIGHTLY WET, 45°, PARTLY CLOUDY

(Y) Person(s) Interviewed

Title

Telephone

BOB DICK

ENVIRONMENTAL COORDINATOR

309/752-6272

(Z) Inspection Participants

Title

Telephone

MARC HANEY

ENV. PROT. SPEC.

217/782-6760

II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

(A) ☐ Transporter (Form 3)

(B) ☐ Chemical, Physical and
Biological Treatment (Form 4)

(C) ☒ Storage (Form 5)

(D) ☐ Landfill (Form 6)

(E) ☐ Incineration (Form 7)

(F) ☐ Thermal Treatment (Form 7)

(G) Comments: _____

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

III. MANIFEST

	Yes	No	Not Inspected	See Remark Number
(A) Are copies of the Manifest available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Does the Manifest contain the following information:				
1. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name, mailing address, telephone number, and EPA ID Number of Generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DESIGNATED FACILITY ONLY SEE BACK
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required Signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the Owner or Operator Submit Exception Reports when Needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV. PRE-TRANSPORT REQUIREMENTS

(A) Is Generator Packaging waste in accordance with DOT Regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BACK
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) If required, are placards available to transporter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. (B) 4. GENERATOR IS RESEARCHING INFO ON ALTERNATE SITES

IV. (A) AT LEAST ONE DRUM HAD BEEN PUNCTURED. SEVERAL
OTHERS WERE OPEN

III.(F) 2. WILL BE POSTED UPON COMPLETION OF STORAGE AREA

	Yes	No	Not Inspected	See Remark Number
(C) Testing and Maintenance of Emergency Equipment:				
1. Has the Owner or Operator established Testing and Maintenance Procedures for Emergency Equipment?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Is Emergency Equipment Maintained in Operable Conditions?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(D) Has Owner ^{or} Operator Provided Immediate Access to Internal Alarms (if needed)?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(E) Is there Adequate Aisle Space for Unobstructed Movement?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(F) Are Arrangements with Local Authorities Included in the Operating Record?	<u> </u>	<u>✓</u>	<u> </u>	<u>SEE BACK</u>

VI. CONTINGENCY PLAN AND EMERGENCY PROCEDURES

(A) Does the Contingency Plan Contain the Following Information:

1. The actions facility personnel must take to comply with §264.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part.)
2. Arrangements agreed to by Local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §264.37?

<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
<u>✓</u>	<u> </u>	<u> </u>	<u> </u>

VII. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING

	Yes	No	Not Inspected	See Remark Number
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each Manifest?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Are records of past shipments retained for 3 years?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(B) Does the owner or operator meet requirements regarding Manifest Discrepancies?				
	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(C) Operating Record				
Does the facility maintain an operating record at the site as required in §265.73?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(D) Availability, Retention and Disposition of Records				
Are all records available at the site for inspection as required in §265.74?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>

VIII. CLOSURE AND POST CLOSURE

(A) Closure and Post Closure				
1. Closure Plan Available for Inspection by May 19, 1981?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
2. Has this plan been submitted to the Regional Administrator?	<u> </u>	<u>✓</u>	<u> </u>	<u> </u>
3. Has Closure begun?	<u> </u>	<u>✓</u>	<u> </u>	<u> </u>
4. Is closure cost estimate available by May 19, 1981?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
(B) Post Closure Care and Use of Property				
- Has the Owner/Operator supplied a Post Closure Monitoring Plan (by May 19, 1981)?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>

III. (A) 5. DUE TO NATURE OF OPERATION AND WASTE EVACUATION NOT NECESSARY,
ACCORDING TO JOHN DEERE

III. (B) COPIES WILL BE SUPPLIED TO FD UPON COMPLETION OF
STORAGE AREA

	Yes	No	Not Inspected	See Remark Number
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<u> / </u>	<u> </u>	<u> </u>	<u> </u>
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<u> / </u>	<u> </u>	<u> </u>	<u> </u>
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes.)	<u> </u>	<u> / </u>	<u> </u>	<u>SEE BACK</u>
(B) Are copies of Contingency Plan Available at Site and local Emergency Organizations?	<u> </u>	<u> / </u>	<u> </u>	<u>SEE BACK</u>
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<u> / </u>	<u> </u>	<u> </u>	<u> </u>
2. Is Coordinator Familiar with all aspects of site operation and emergency procedures?	<u> / </u>	<u> </u>	<u> </u>	<u> </u>
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u> / </u>	<u> </u>	<u> </u>	<u> </u>
(D) Emergency Procedures				
If an Emergency Situation has occurred at this facility, has the Emergency Coordinator followed the Emergency procedures listed in 256.56?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>

II. (F.) WILL BE DONE UPON COMPLETION OF STORAGE AREA